

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|
| LOCAL REPORT NO. 14-15366 | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 | | Lebanon Police | | 0830300 | | ODHS USE ONLY - DO NOT MARK ABOVE | | | | | | | | | |
| REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | | NO OF VEH PEDESTRIANS INVOLVED 1 | | CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY | | | | COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150 | | HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED | | | | | | | |
| IN COUNTY OF WARREN | | | | IN <input checked="" type="checkbox"/> CITY | | | | LEBANON | | DATE OF CRASH: DAY 9/6/14 Friday | | TIME: MILITARY 1447 | | | | | |
| CRASH OCCURRED ON DriveWay 453 Eastview Lebanon OH 45036 | | | | | | | | WITHIN THE INTERSECTION OF Eastview | | | | | | | | | |
| IF NOT IN INTERSECTION MILES 10 FEET <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S OF Eastview | | | | | | | | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | | | | CITY CODE 8321 | | | | | |
| LOG-1 | | LOG-2 | | LOC JUR FH9 FILT | | | | | | | | | | | | | |
| A UNIT NO. 1 | | NO OF OCCUPANTS 1 | | OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/> | | INSURANCE CO OR AGENT LWP-3-443-586 | | | | | | | | | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Satterthwaite Vance D. | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1557 Maplewood Dr. Lebanon OH 45036 | | | | | | | | | | | |
| PHONE NO. 513-646-4006 | | BIRTH DATE 5/24/46 | | AGE 68 | | SEX M | | SOCIAL SECURITY NO. | | STATE OH | | DRIVER'S LICENSE NO. RM400074 | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) SAME | | | | | | ADDRESS SAME | | | | | | PHONE SAME | | | | | |
| VEH YR 01 | | MAKE TRAL | | MODEL TRL | | COLOR BLK | | STYLE TRL | | STATE OH | | LICENSE PLATE NO. SMT2518 | | | | | |
| TOWING SERVICE WA | | VEH/PED DIR FROM E TO W | | CIRCLE DAMAGE AREAS | | DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | |
| 8 UNIT NO. | | NO OF OCCUPANTS | | OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/> | | INSURANCE CO. OR AGENT | | | | | | | | | | | |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | | |
| PHONE NO. | | BIRTHDATE | | AGE | | SEX | | SOCIAL SECURITY NO. | | STATE | | DRIVER'S LICENSE NO. | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) Gibson Carol Sue | | | | | | ADDRESS 453 Eastview Lebanon OH 45036 | | | | | | PHONE 513-646-4006 | | | | | |
| VEH YR | | MAKE DriveWay | | MODEL | | COLOR | | STYLE | | STATE | | LICENSE PLATE NO. | | | | | |
| TOWING SERVICE | | VEH/PED DIR FROM TO | | CIRCLE DAMAGE AREAS | | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | |
| C FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | POSITION | | | | INJURIES | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | A B C D E F | | | |
| D FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | A B C D E F | | | | 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | CONDITION | | | |
| E FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | A B C D E F | | | | 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | RESTRAINTS | | | |
| F FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | A B C D E F | | | | ALCOHOL | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | A B C D E F | | | |
| A B C | | INJURED TAKEN TO | | | | By | | A B C D E F | | | | 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED | | | | | |
| D E F | | INJURED TAKEN TO | | | | By | | A B C D E F | | | | 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | | | | |
| A B C | | OFFENSE CHARGED AND DESCRIPTION | | | | ORC CITY ORD | | A B C D E F | | | | EJECTION | | | | | |
| O B C | | OFFENSE CHARGED AND DESCRIPTION | | | | ORC CITY ORD | | A B C D E F | | | | DRUGS | | | | | |
| RECEIVED CALL 1447 | | DISPATCHED 1449 | | ARRIVED 1456 | | CLEARED 1519 | | OTHER TIME 0010 | | TOTAL MINUTES 00off 42 | | A B C D E F | | A B C D E F | | | |
| DATE REPORT FILED 9/10/14 | | PHOTOS YES NO | | OFFICER'S NAME N. Trout | | BADGE NO. 129 | | CHECKED BY | | A B C D E F | | A B C D E F | | A B C D E F | | | |
| | | | | | | | | | | 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE | | 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | | | | | |

LOCAL FILE NO.

14-15366

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION